FORM 3

FE5AN018

REPORT OF RECEIPTS

SECRETARY OF THE SENATE

	TOT All Authorized Committee				14 AUG Office PUSE of Ny 5 L		
NAME OF COMMITTEE (in	TYPE OR PRI		Example: If typic over the lines.	ng, type	12FE4M5		
FRIENDS OF	COLONEL ROB M	ANESS				1	
ADDRESS (number a	PO BOX 25 nd street)				<u> </u>		
Check if di than previo reported. (A	usly MADISONVI	LLE			LA I	70447	
2. FEC IDENTIFI	CATION NUMBER ▼	CITY ▲			STATE A	ZIP CODE	
C C005452	85	3. IS THIS REPORT	(N)	V OR	AMEND (A)	STATE ▼ DISTRICT	
(a) Quarterly R	PORT (Choose One) leports: 5 Quarterly Report (Q1) 6 Quarterly Report (Q2)	(b) 12-Day PF	RE-Election Rep Primary (12F	P) [General (1	Supervision co. C	
	er 15 Quarterly Report (Q3)	Election of	n 08	22	2014	in the LA State of	
Januar	y 31 Year-End Report (YE)	(c) 30-Day PC	OST-Election Re	port for the:			
		I	General (300	à) [Runoff (30	R) Special (30S)	
Termina	ation Report (TER)	Election of	п	/ D D /	Y 4 Y 8 Y 4 Y	in the State of	
5. Covering Period	07 01 01	/ Y * Y * Y * Y * Y * Y * Y * Y * Y * Y	through	M ⁸ M 08	/ D D /	2014 T	
	examined this Report and	to the best of my	knowledge and	belief it is tr	ue, correct and	complete.	
Type or Print Name		m []			Date 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	false, erroneous, or incomp	lete information ma	y subject the per	son signing t	this Report to th	e penalties of 2 U.S.C. §437g.	
Office Use						FEC FORM 3	